

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10998</u>	2. Fiscal Year Covered From: <u>1</u> / <u>7</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Timothy</u> <u>G</u> <u>McCauley</u> P.O. Box, Bldg., Room No., if any Street <u>307 1st St. N.</u> City <u>Virginia</u> State <u>MN.</u> ZIP Code + 4 <u>55792</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Local #1097</u> Labor Organization File Number <u>608746</u> P.O. Box, Building and Room Number, if any Street <u>307 1st St. North</u> City <u>Virginia</u> State <u>MN.</u> ZIP Code + 4 <u>55792</u>
5. Position in labor organization. <u>Business Manager / Financ. Sec'y</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Tim McCauley

On

8-15-05

Date

218-741-3638

Telephone Number

Name of Person Filing <u>Timothy McCauley</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Virchow Krause Company</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>Suite 2400</u> Street <u>7900 Xerxes Ave S</u> City <u>Bloomington</u> State <u>MN.</u> ZIP Code + 4 <u>55431</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
---	---

10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>LABORERS PENSION FUND</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>- Suite 325</u> Street <u>2520 Pilot Knob Road</u> City <u>Mendota Heights</u> State <u>MN.</u> ZIP Code + 4 <u>55120</u>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <u>ACCOUNTANT FOR PENSION FUND</u> </div> 11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <u>GOLF OUTING</u> </div> 12.b. Amount. <u>100.00</u>
--	---

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing

Timothy McCauley

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LECETTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1300Street 4505 White Bear ParkwayCity White Bear LakeState MN ZIP Code + 4 55110

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Laborers Employers Cooperation
Education Trust

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Reimbursed Expense for
Educational Conference

12.b. Amount.

635.33

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Timothy McCauley</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LEGET
Trade Name, if any:
P.O. Box, Bldg., Room No., if any Suite 1300
Street 4505 White Bear Parkway
City White Bear Lake
State MN. ZIP Code + 4 55110

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

Labor Employers Cooperation
Education Trust

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

Reimbursed EXPENSE For
Educational Conference

12.b. Amount.

1252.10

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Timothy McCauley

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ZENITH ADMINISTRATORS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 325

Street 2520 PILOT Knob ROAD

City Mendota Heights

State MN.

ZIP Code + 4 55120

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Laborers Health + Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 325

Street 2520 PILOT Knob ROAD

City Mendota Heights

State MN

ZIP Code + 4 55120

11.a. Nature of such dealing.

Fund 3rd Party Administrator

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

GOLF OUTING

12.b. Amount.

100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.